

PLACE OF BIRTH

1. County of YumaDistrict of San Carlos

Town of _____

or

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 139

County Registrar No. _____

Local Registrar No. _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Demphrey Delma If child is not yet named, make supplemental report, as directed.3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. Legitimate? yes 6. Date of birth 10 5 26 Month day year8. FATHER Full name Simon Delma 14. MOTHER Full maiden name Fannie 1519. Residence (Usual place of abode) San Carlos Ariz 15. Residence (Usual place of abode) San Carlos Ariz If nonresident, give place and state10. Color or race 4/4 Indian 16. Color or race 4/4 Indian 17. Age at last birthday 41 (Years)12. Birthplace (city or place) San Carlos Ariz (State or country) 18. Birthplace (city or place) San Carlos Ariz (State or country)13. Occupation Simon Laborer Nature of Industry 19. Occupation Housewife Nature of Industry20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? No - referred

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P m, on the date above stated. (Born alive or stillborn.)*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth. Signature C. H. Samper / M.D. (Physician or midwife) Address San Carlos Ariz

Given name added from supplemental report _____ Filed _____ 19____ Local Registrar. Month, day, year.

Registrar.

Filed _____ 19____ County Registrar.

441-1005-600